No. 2
1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33723

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1306

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days
In this community: 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 6650 Carnegie Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Celeste Rachel Freeman
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Floyd O. Freeman
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: December (Month) 29 (Day) 1907 (Year)

8. AGE: Years 39 | Months 10 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Tecumseh (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Robert Hunt
13. Birthplace: Tecumseh (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Hester Bushong
15. Birthplace: Tecumseh (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Floyd O. Freeman
(b) Address: 6650 Carnegie St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK CEM.
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 11-4-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1947 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 9-7-46, 19..., to 10-31-47 19...; that I last saw her alive on 10-31-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: General Carcinomatosis 2 yrs
Due to: Carcinoma right breast 4½ yrs
Due to:
Other conditions (Include pregnancy within 3 months of death): 50
Major findings: Of operations: 0
Of autopsy: no autopsy (Regular)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Floyd H. Spencer (M. D. or other)
Address: 1414 Patrick Bldg. St. Joseph, Mo. Date signed 11-1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Cremation Right Burned

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.